

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025416

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

290

Primary Registration District No.

5987

Registrar's No.

85

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 0850

2 8030

3

4 0

5 0

6

7 1

8 2

9 X

10

11 085

12 91-2

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUL 9 1963

1. PLACE OF DEATH

a. COUNTY Pulaski

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Union

Length of stay in 1b  
-----

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Arkansas b. COUNTY Craighead

c. CITY OR TOWN Jonesboro

Inside Limits  
Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Harrison Curve 133

Inside Limits  
Yes ☐ No ☒

d. STREET ADDRESS 141 Hwy

Reside on Farm  
Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print) James Gregory

4. DATE OF DEATH

Month Day Year  
June 30 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1-24-60

9. AGE (last birthday)

3

IF UNDER 1 YEAR IF UNDER 24 H  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

Jonesboro Arkansas

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

Timothy C. Stonecipher

13b. MOTHER'S MAIDEN NAME

Helen Sanders

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT Address Rt# 2

Helen Stonecipher Jonesboro, Ark.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac and Respiratory Arrest

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Ruptured right lung and basilar skull fracture 3 50 min.

DUE TO (c)

Automobile accident

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female, was there a pregnancy in last 90 days?

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE  
☒ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
Victim in car accident

20c. TIME OF INJURY  
Hour a.m. p.m.  
1:15 6-30-63

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
Hwy 133

20f. CITY, TOWN, OR LOCATION COUNTY STATE  
Pulaski, Missouri

21. I attended the deceased from 6-30-63 to 6-30-63 and last saw her alive on  
Death occurred at 2:05 A.M. 1:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

D. O.

22b. ADDRESS

Waynesville, Missouri

22c. DATE SIGNED

6-30-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

6-30-63

23c. NAME OF CEMETERY OR CREMATORY

Memorial Cemetery

23d. LOCATION (City, town, or county) (State)

Jonesville Arkansas

24. FUNERAL HOME

Moss

25. ADDRESS

Waynesville, Mo.

25. DATE RECD. BY LOCAL REG.

6-30-63

26. REGISTRAR'S SIGNATURE

Chas. L. Anderson

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AUG 19 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Clarence F. Mose*

Licensed Embalmer No. 4896

P. O. Address Waynesville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.